



I E S COLLEGE OF ARCHITECTURE
Chittilappilly P.O, Thrissur- 680551, Ph:-0487 2309708

LEAVE FORM (STUDENTS)

Name & Roll No. :
Semester :
Period of leave : From To.....
No. of working days :
Reason for leave :
Any other information :
Signature of the student : Date :
Signature of the parent/hostel authority :
Dated signature of Staff Advisor : Director/Principal